

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 0/531120 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND. DEP.		IND. DEP.		IND. DEP.			IND. DEP.		IND. DEP.		IND. DEP.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51							
2	/						52							
3	/	①					53							
4	/						54							
5	/						55							
6	/						56							
7	/						57							
8	/						58							
9	/						59							
10	/						60							
11	/	①					61							
12	/	①					62							
13	/	①					63							
14			/				64							
15			/				65							
16			/				66							
17			/				67							
18			/				68							
19			/				69							
20			/				70							
21			/				71							
22			/				72							
23			/				73							
24			/				74							
25			/				75							
26			/				76							
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28			/				78							
29			/				79							
30			/				80							
31			/				81							
32			/				82							
33			/				83							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	6	↓	3	↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	7	←	17	←		←	TOTAL DEP.		←		←		←	
TOTAL CLAIMS	13		20				TOTAL CLAIMS							